

9/28/88 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Ideal Castings

Address

900 N. Clark St.
Albion, MI 49224

US EPA RECORDS CENTER REGION 5



467888

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type) _____

Action's Official Date (Date letter sent/date order signed)

Sept. 28, 1988

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below) _____

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De micromis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

Enforcement Specialist/Date

 06242002 05015
 Sheppard-Johnson (Ly) 5-7-03

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

9/23/88 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Corning Glass Works

Address

905 Industrial Rd.
Marshall, MI. 49068

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

Sept. 23, 1988

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Ly)
(5-7-03)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

E.6 9/23/88

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. ALD999999999)

PRP Name

Driscoll, Harold & Isabel

Address

608 E. North St.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) Sept. 23, 1988PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Doc. # 0624200205014

Enforcement Specialist/Date

Shepard Johnson (Sg) 5-7-03

Draft 10/25/00

4 RP Contacts

Site Name

EPA ID (e.g. ILD0000000000)

PRP Name

Contact Name		
Address		
Phone #1		Phone #2
Fax #		Internet (address)
Role (*Choose one from bottom)		
Comments		

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	
*Available Roles:	
<input type="checkbox"/> Executor	<input type="checkbox"/> PRP Contractor
<input type="checkbox"/> PRP Trustee	

- *Available Roles:**

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

E.6 9/23/88

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Albion Metal Production Co.

Address

C Drive and 29 mile Rd.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

Sept. 23, 1988

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (ty)

Draft 10/25/00

PRP Contacts

Site Name _____
EPA ID (e.g. ILD000000000) _____
PRP Name Albion Metal Products

Contact Name Address	<u>Richard Young</u> <u>C Drive and 29 mile rd</u> <u>Albion, MI 49224</u>
Phone #1 Fax # Role (*Choose one from bottom) Comments	Phone #2 Internet (address) <u>Reg. Agent</u>

Contact Name Address	
Phone #1 Fax # Role (*Choose one from bottom) Comments	Phone #2 Internet (address)

Contact Name Address	
Phone #1 Fax # Role (*Choose one from bottom) Comments	Phone #2 Internet (address)

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

6/6/90 E.b

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion-Sheridan 0502775
EPA ID (e.g. ILD000000000) _____
PRP Name State of Michigan
Address P.O. Box 30038
Lansing, MI 48909

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) June 6, 1990

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input checked="" type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Doc # 6/25/02
05001

Enforcement Specialist/Date Sheppard Johnson (ty)

PRP Contacts

Site Name

EPA ID (e.g. ILD0000000000)

PRP Name

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name		
Address		
Phone #1		Phone #2
Fax #		Internet (address)
Role (*Choose one from bottom)		
Comments		

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	
*Available Roles:	
• Executor	• PRP Contractor
	• PRP Trustee

- *Available Roles:**

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|----------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

2/27/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion - Sheridan
 EPA ID (e.g. ID000000000) _____
 PRP Name Sheridan Industries
 Address 1013 Barnes St.
Albion, MI 49224 P.O. Box 235

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type) _____

Action's Official Date (Date letter sent/date order signed) Feb 27, 1996

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De micromis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

Enforcement Specialist/Date

Sheppard Johnson (Jy)

Draft 10/25/00

1 RP Contacts

Site Name _____
 EPA ID (e.g. IL.D000000000) _____
 PRP Name _____

Contact Name	Theodore Kontle		
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)	PRP Contact		
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- Executor
- PRP Contractor
- PRP Trustee
- Mortgage Holder
- PRP Parent Company
- Technical Workgroup Contact Person
- PRP Attorney
- PRP Subsidiary
- PRP Contact
- PRP Successor

Enforcement Specialist/Date _____

Draft 9/29/00

2/20/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Aetna Casualty & Surety Co.

Address

P.O. Box 3010
Grand Rapids, MI 49501

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

Feb 20, 1996

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (24)

Draft 10/25/00

PRP Contacts

Site Name**EPA ID** (e.g. ILD0000000000)

PRP Name

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name		
Address		
Phone #1	Phone #2	
Fax #	Internet (address)	
Role (*Choose one from bottom)		
Comments		

***Available Roles:**

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date

D. Sheppard-Johnson ^{2y}

5/7/03

Draft 9/29/00

WL Document # 0507200305001

4/6/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

0

PRP Name

Albion Ford-Mercury, Inc.

Address

1411 N. Eaton Ave

P.O. Box 240

Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

April 6, 1992

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Sg)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/6/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion Sheridan
 EPA ID (e.g. ILD000000000) _____
 PRP Name Ed Necko Body Shop, Inc
 Address 406 W. Ash
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) April 6, 1992

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (24)

Draft 10/25/00

1 RP Contacts

Site Name _____
 EPA ID (e.g. ILD000000000) _____
 PRP Name _____

Contact Name	_____		
Address	_____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____		

Contact Name	_____		
Address	_____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____		

Contact Name	_____		
Address	_____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____		

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/6/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Mel's auto Sales

Address

710 N. Clark

Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

April 4, 1992

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (sg)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name	_____
Address	_____ _____ _____ _____
Phone #1	_____
Fax #	_____
Role (*Choose one from bottom)	_____
Comments	_____ _____ _____ _____ _____

Contact Name	_____
Address	_____ _____ _____ _____
Phone #1	_____
Fax #	_____
Role (*Choose one from bottom)	_____
Comments	_____ _____ _____ _____ _____

Contact Name	_____
Address	_____ _____ _____ _____
Phone #1	_____
Fax #	_____
Role (*Choose one from bottom)	_____
Comments	_____ _____ _____ _____ _____

***Available Roles:**

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/16/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion Sheridan
 EPA ID (e.g. ILD000000000) _____
 PRP Name Wes's Auto Sew. Inc.
 Address 220 Austin Ave
Albion, ME 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

April 6, 1992PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (24)

Draft 10/25/00

1 RP Contacts

Site Name _____
EPA ID (e.g. IL.D000000000) _____
PRP Name _____

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

10/11/88 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Allison Sheridan

EPA ID (e.g. IL100000000)

PRP Name

Joe & Luella Fitzpatrick

Address

13141 W. Michigan Ave
Parma, MI 49269

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

10/11/88

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Shippard Johnson (city)

Draft 10/25/00

IRP Contacts

Site Name _____
EPA ID (e.g. ILD000000000) _____
PRP Name _____

Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____
Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____
Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____

***Available Roles:**

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

10/13/88 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion Sheridan
 EPA ID (e.g., ILD000000000) _____
 PRP Name Scott's Disposal Serv. Inc.
 Address 1215 Lewis St.
Jackson, MI. 49203

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) Oct 13, 1988

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (ty)

Draft 10/25/00

I RP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____	
Address _____ _____ _____	
Phone #1 _____	Phone #2 _____
Fax # _____	Internet (address) _____
Role (*Choose one from bottom) _____	
Comments _____ _____ _____ _____	

Contact Name _____	
Address _____ _____ _____	
Phone #1 _____	Phone #2 _____
Fax # _____	Internet (address) _____
Role (*Choose one from bottom) _____	
Comments _____ _____ _____ _____	

Contact Name _____	
Address _____ _____ _____	
Phone #1 _____	Phone #2 _____
Fax # _____	Internet (address) _____
Role (*Choose one from bottom) _____	
Comments _____ _____ _____ _____	

*Available Roles:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Executor • Mortgage Holder • PRP Attorney • PRP Contact | <ul style="list-style-type: none"> • PRP Contractor • PRP Parent Company • PRP Subsidiary • PRP Successor | <ul style="list-style-type: none"> • PRP Trustee • Technical Workgroup Contact Person |
|--|---|---|

Enforcement Specialist/Date _____

Draft 9/29/00

10/27/88 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Steel Products, Inc

Address

P.O. Box 206
Homer, MI 49245

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type) _____

Action's Official Date (Date letter sent/date order signed)

Oct. 27, 1988

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De minimis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

6/24/02 05016

Enforcement Specialist/Date

Sheppard-Johnson (sf)

Draft 10/25/00

I RP Contacts

Site Name _____
EPA ID (e.g. ILD000000000) _____
PRP Name _____

Contact Name _____ Address _____ _____ _____ _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ _____ _____ _____	_____ _____ _____ _____ _____ Phone #2 _____ Internet (address) _____ _____ _____ _____
--	--

Contact Name _____ Address _____ _____ _____ _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ _____ _____ _____	_____ _____ _____ _____ _____ Phone #2 _____ Internet (address) _____ _____ _____ _____
--	--

Contact Name _____ Address _____ _____ _____ _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ _____ _____ _____	_____ _____ _____ _____ _____ Phone #2 _____ Internet (address) _____ _____ _____ _____
--	--

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

11/2/88 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. ILD990000000)

PRP Name

Waste mgmt. of Ballele Creek

Address

22700 W. pine mill Rd
Southfield, MI 48034

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) Nov. 2, 1988

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (sig)

Draft 10/25/00

IRP Contacts

Site Name

EPA ID (e.g. ILD0000000000)

PRP Name

[illegible]

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|-------------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

5/14/90 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Brooks Foundry, Inc

Address

1712 E. Michigan Ave.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

May 14, 1990

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Sg)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Brooks Laundry

Contact Name _____

Address _____

Miller, Canfield Paddock & Stone
444 W. Michigan Ave.
Kalamazoo, MI 49007

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Attorney

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

National Essential PRP Data Elements (NEDE) Checklist

Site Name

EPA ID (e.g. ILD000000000)

PRP Name

Address

Albion - Sheridan

Clarence Township

27032 R Drive N.

Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

July 13, 1991

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Sg)

Draft 10/25/00

WL Doc. # 0507200305002

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

7/16/91 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Nelson Chemical (NELSON PRODUCTS)?

Address

Morey Nelson, Reg. Agent

12348 Sheffield Highway

Detroit MI 48227

Schaefer Highway

(313) 933-1500

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

July 16, 1991

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (2g)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name	_____	
Address	_____ _____ _____ _____ _____	
Phone #1	_____	Phone #2 _____
Fax #	_____	Internet (address) _____
Role (*Choose one from bottom)	_____	
Comments	_____ _____ _____ _____ _____ _____ _____	

Contact Name	_____	
Address	_____ _____ _____ _____ _____	
Phone #1	_____	Phone #2 _____
Fax #	_____	Internet (address) _____
Role (*Choose one from bottom)	_____	
Comments	_____ _____ _____ _____ _____ _____ _____	

Contact Name	_____	
Address	_____ _____ _____ _____ _____	
Phone #1	_____	Phone #2 _____
Fax #	_____	Internet (address) _____
Role (*Choose one from bottom)	_____	
Comments	_____ _____ _____ _____ _____ _____ _____	

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

8/8/91 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Allison Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Village of Homer

Address

1130 E. Main
Homer, MI 49245

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

Aug 8, 1991

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Jy)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name Address 	
Phone #1 Fax # Role (*Choose one from bottom) Comments 	Phone #2 Internet (address)

Contact Name Address 	
Phone #1 Fax # Role (*Choose one from bottom) Comments 	Phone #2 Internet (address)

Contact Name Address 	
Phone #1 Fax # Role (*Choose one from bottom) Comments 	Phone #2 Internet (address)

*Available Roles:

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

8/26/91 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Allison Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Stevick, Gordon & Marguerite

Address

404 S. Jackson St.

P.O. Box 785

Jackson, MI 49204

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type) _____

Action's Official Date (Date letter sent/date order signed) Aug 26, 1991PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De minimis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

Enforcement Specialist/Date

Sheppard Johnson (2g)

Draft 10/25/00

I RP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

10/4/91 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Albion Township

Address

112 W. Cass St.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

Oct 4, 1991

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (sig)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/6/91 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion Sheridan
 EPA ID (e.g. ILD000000000)
 PRP Name Shell Food Mart
 Address 221 W. Leigh St.
Homer, MI 49245

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type) _____

Action's Official Date (Date letter sent/date order signed) Dec 6, 1991

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De micromis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

Enforcement Specialist/Date

Sheppard Johnson (2g)

Draft 10/25/00

I RP Contacts

Site Name _____
 EPA ID (e.g. ILD000000000) _____
 PRP Name _____

Contact Name	Mike Egnatuk		
Address			
Phone #1	8	Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)	PRP Contact		
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

3/16/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Parma Township

Address

2388 Eaton Rapids Rd.
Parma, MI 49269

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

March 16, 1992

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson
(Jy)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name	_____
Address	_____ _____ _____ _____
Phone #1	_____
Fax #	_____
Role (*Choose one from bottom)	_____
Comments	_____ _____ _____ _____

Contact Name	_____
Address	_____ _____ _____ _____
Phone #1	_____
Fax #	_____
Role (*Choose one from bottom)	_____
Comments	_____ _____ _____ _____

Contact Name	_____
Address	_____ _____ _____ _____
Phone #1	_____
Fax #	_____
Role (*Choose one from bottom)	_____
Comments	_____ _____ _____ _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/2/92 E.L.

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Concord Township

Address

1618 Schults Rd.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) April 2, 1992

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Shepperd Johnson (sig)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Concord Township

Contact Name _____

Address _____

Jannum, Riddering, Schmidt + Howlett
P.O. Box 352
Grand Rapids, MI 49501-0352

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Attorney

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- Executor
- PRP Contractor
- PRP Trustee
- Mortgage Holder
- PRP Parent Company
- Technical Workgroup Contact Person
- PRP Attorney
- PRP Subsidiary
- PRP Contact
- PRP Successor

Enforcement Specialist/Date _____

Draft 9/29/00

4/10/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Clark oil & Refinery Corp.

Address

219 E. Michigan Ave
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) April 10, 1992

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Lg.)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/15/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Bundy Mechanical Maintenance

Address

201 N. Leria
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) April 15, 1992

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (L.Y.)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

[illegible]

Contact Name		
Address		
Phone #1		Phone #2
Fax #		Internet (address)
Role (*Choose one from bottom)		
Comments		
*Available Roles:		
• Executor	• PRP Contractor	• PRP Trustee

- *Available Roles:**

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/15/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. LD000000000)

PRP Name

Kinsey Auto

Address

110 E. Michigan Ave.
Albion MI 48022-4

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) April 15, 1992PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (d.y.)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

[illegible][illegible]

***Available Roles:**

- | | | |
|--------------------------|-----------------------------|---|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion SheridanEPA ID (reg. ID)

PRP Name

Harrison's Car Care Center

Address

1512 N. Eaton St.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input checked="" type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) <u> </u> | |

Action's Official Date (Date letter sent/date order signed)

April 17, 1992PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (S.Y.)

Draft 10/25/00

IRP Contacts

Site Name

EPA ID (e.g. ILD0000000000)

PRP Name

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name		
Address		
Phone #1		Phone #2
Fax #		Internet (address)
Role (*Choose one from bottom)		
Comments		

Contact Name		
Address		
Phone #1	Phone #2	
Fax #	Internet (address)	
Role (*Choose one from bottom)		
Comments		

***Available Roles:**

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/20/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. EID000000000)

PRP Name

Wolf's Auto Repair

Address

202 N. Superior
Albion, MI 49224

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type) _____

Action's Official Date (Date letter sent/date order signed) 4/20/92

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De micromis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

Enforcement Specialist/Date

Sheppard Johnson (L.Y.)

Draft 10/25/00

I RP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name Address 	
Phone #1 Fax # Role (*Choose one from bottom) Comments 	Phone #2 Internet (address)

Contact Name Address 	
Phone #1 Fax # Role (*Choose one from bottom) Comments 	Phone #2 Internet (address)

Contact Name Address 	
Phone #1 Fax # Role (*Choose one from bottom) Comments 	Phone #2 Internet (address)

***Available Roles:**

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

5/13/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Albion radiator Service

Address

1006 Austin Ave
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

May 13, 1992

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (J.Y.)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name

Albion Radiator Service

Contact Name

Address

Edward H. Crabill
10016 Austin Ave.
Albion, MI 49224

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Contact

Phone #2

Internet (address)

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

*Available Roles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executor | <input type="checkbox"/> PRP Contractor | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> PRP Parent Company | <input type="checkbox"/> Technical Workgroup Contact Person |
| <input type="checkbox"/> PRP Attorney | <input type="checkbox"/> PRP Subsidiary | |
| <input type="checkbox"/> PRP Contact | <input type="checkbox"/> PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

5/19/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Haines Auto Sales

Address

926 Austin Ave
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input checked="" type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

May 19, 1992

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (24)

Draft 10/25/00

IRP Contacts

Site Name

EPA ID (e.g. ILD000000000)

PRP Name

Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____
<hr/>	
Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____
<hr/>	
Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____

*Available Roles:

- ☐ Executor ☐ PRP Contractor ☐ PRP Trustee

- *Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date

Draft 9/29/00

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Allison Sheridan

EPA ID: 624-LD-000000000000

PRP Name

Thompson's Brake Sew. Inc

Address

210 East Porter St.
Albion, MI 49224

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☒ 104E Letter
☐ Unilateral Administrative Order ☐ General Notice Letter
☐ Judgements ☐ Negotiations (specify type)

Action's Official Date (Date letter sent/date order signed) May 26, 1992

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner
☐ Operator
☐ 104E
- ☐ Transporter
☒ Generator
☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Ty)

Draft 10/25/00

1 RP Contacts

Site Name

EPA ID (e.g. ILD000000000)

PRP Name

Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____
Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____
Contact Name _____ Address _____ Phone #1 _____ Fax # _____ Role (*Choose one from bottom) _____ Comments _____ 	Phone #2 _____ Internet (address) _____

*Available Roles:

- ☐ Executor ☐ PRP Contractor ☐ PRP Trustee

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|-------------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

5/26/92 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Zick's Body Shop, Inc

Address

313 Austin Ave.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

May 26, 1992PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Zy)

Draft 10/25/00

IRP Contacts

Site Name _____
 EPA ID (e.g. IL.D000000000) _____
 PRP Name _____

Contact Name	Thomas J. Waters		
Address	1000 Michigan National Tower Lansing, MI 48233		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	Attorney		
Comments	_____		

Contact Name	_____		
Address	_____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____		

Contact Name	_____		
Address	_____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____		

*Available Roles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executor | <input type="checkbox"/> PRP Contractor | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> PRP Parent Company | <input type="checkbox"/> Technical Workgroup Contact Person |
| <input type="checkbox"/> PRP Attorney | <input type="checkbox"/> PRP Subsidiary | |
| <input type="checkbox"/> PRP Contact | <input type="checkbox"/> PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

11/17/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Blyveis Iron & Metal / White Hall

Address

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

Nov. 17, 1994

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (24)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Blyveis Iron + Metal / White Hall

Contact Name _____

Address _____

*Foster, Swift Collins + Smith P.C.
313 S. Washington Sq.
Lansing, MI 48933-2193*

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Attorney

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executor | <input type="checkbox"/> PRP Contractor | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> PRP Parent Company | <input type="checkbox"/> Technical Workgroup Contact Person |
| <input type="checkbox"/> PRP Attorney | <input type="checkbox"/> PRP Subsidiary | |
| <input type="checkbox"/> PRP Contact | <input type="checkbox"/> PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

6/2/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Perone Richardson

Address

5795 County Farm Rd.
Jackson, MI 49201

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) June 2, 1994

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Shepherd-Johnson

Draft 10/25/00

1 RP Contacts

Site Name _____

EPA ID (e.g. IL.D000000000) _____

PRP Name _____

Contact Name	_____		
Address	_____ _____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____		

Contact Name	_____		
Address	_____ _____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____		

Contact Name	_____		
Address	_____ _____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____		

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

7/6/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Prater, Luster + Willie Mae

Address

29951 E. Erie Rd
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) 9/28/88 July, 1994PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (24)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name		
Address		
Phone #1		Phone #2
Fax #		Internet (address)
Role (*Choose one from bottom)		
Comments		

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name		
Address		
Phone #1	Phone #2	
Fax #	Internet (address)	
Role (*Choose one from bottom)		
Comments		

***Available Roles:**

- | | | |
|-------------------|-------------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/6/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Brown, William

Address

403 Wild St.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

Dec 6, 1994

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard - Johnson (LJ)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/6/94 E-6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Allison Sheridan

EPA ID (e.g., ILD000000000)

PRP Name

Zephyr Service Station

Address

1222 Holton Rd.
North Muskegon, MI 49445-5069

Associated Action (check one only)

- ☐ Administrative Order on Consent ☐ Special Notice Letter ☐ Demand Letter
☐ Consent Decree ☐ 104E Letter
☐ Unilateral Administrative Order ☒ General Notice Letter
☐ Judgements ☐ Negotiations (specify type)

Action's Official Date (Date letter sent/date order signed)

Dec 4, 1994

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- ☐ County/Parish Agency ☐ Municipality ☐ School
☐ Federal Agency ☐ Non-Profit Organization ☐ State Agency
☐ Financial Institution ☒ Private Company ☐ Unknown
☐ Individual ☐ Public Utility

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- ☐ Owner ☐ Transporter
☐ Operator ☒ Generator
☐ 104E ☐ Other (must select at least one Other Involvement Type below)

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- ☐ Adjacent Property Owner ☐ Contractor - developer ☐ Prospective Purchaser
☐ Attorney - federal government ☐ Contractor - property owner ☐ PRP Parent Company
☐ Attorney - municipal government ☐ Developer ☐ PRP Subsidiary
☐ Attorney - private party ☐ Lender ☐ PRP Successor
☐ Attorney - state government ☐ Local Government Official ☐ PRP Trustee
☐ Citizen ☐ Mortgage Holder ☐ State Government Official
☐ City Council Person ☐ Non-Profit ☐ Stockholder
☐ Comfort Letter Recipient ☐ Property Owner

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ Bankrupt ☐ Limited Ability to Pay ☐ Non-Viable Confirmed
☐ Deceased ☐ Non-Locatable ☒ Viable
☐ Defunct ☐ Non-Viable Claimed ☐ Viable Small Business

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- ☐ < 1% Contributor ☐ Other
☐ Current Owner ☐ Former Owner
☐ De micromis party ☐ Innocent Landowner
☐ De minimis party ☐ Unknown

Enforcement Specialist/Date

Sheppard Johnson (ty)

Draft 10/25/00

I RP Contacts

Site Name _____
EPA ID (e.g. IL.D000000000) _____
PRP Name _____

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/6/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Apex Oil Co.

Address

8182 Maryland Ave
St. Louis, MO 63105

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) Dec 6, 1994

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson 12/6/94

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name Apex Oil Co.

Contact Name	<u>Michael C. Aufdenspring</u>		
Address	<u>8182 Maryland Ave.</u> <u>St. Louis, MO 63105</u>		
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)	<u>PRP Contact</u>		
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

***Available Roles:**

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/16/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Refuse Service, Inc

Address

Cell 5 GriswoldDetroit, MI 48226

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

9-24-88 Dec 4, 1994PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Sg)

Draft 10/25/00

1 RP Contacts

Site Name

EPA ID (e.g. ILD000000000)

PRP Name

Contact Name		
Address		
Phone #1		Phone #2
Fax #		Internet (address)
Role (*Choose one from bottom)		
Comments		

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	
*Available Roles:	
<input type="checkbox"/> Executor	<input type="checkbox"/> PRP Contractor
<input type="checkbox"/> PRP Trustee	

- *Available Roles:

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|-------------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/6/94 E.C.

National Essential PRP Data Elements (NEDE) Checklist

Site Name Albion - Sheridan
 EPA ID (e.g. ILD000000000) _____
 PRP Name Robert Norton
 Address 914 Burn Oak St.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) 12/06/94

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date Sheppard Johnson (Syl)

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

12/12/94 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Jims Auto Service

Address

111 E. Michigan Ave.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) Dec 12, 1994

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson cty

Draft 10/25/00

PRP Contacts

Site Name**EPA ID** (e.g. ILD0000000000)**PRP Name**

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	

Contact Name	
Address	
Phone #1	Phone #2
Fax #	Internet (address)
Role (*Choose one from bottom)	
Comments	
*Available Roles:	
<input type="checkbox"/> Executor	<input type="checkbox"/> PRP Contractor
<input type="checkbox"/> PRP Trustee	

- *Available Roles:**

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|----------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

1/24/95 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ID000000000)

PRP Name

Evans body

Address

100 N. Gale St. P.O. Box # 208Albion MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) Jan 24, 1995PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson

Draft 10/25/00

I RP Contacts

Site Name _____

EPA ID (e.g. IL.D000000000) _____

PRP Name _____

<p>Contact Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #1 _____</p> <p>Fax # _____</p> <p>Role (*Choose one from bottom) _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #2 _____</p> <p>Internet (address) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Contact Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #1 _____</p> <p>Fax # _____</p> <p>Role (*Choose one from bottom) _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #2 _____</p> <p>Internet (address) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Contact Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #1 _____</p> <p>Fax # _____</p> <p>Role (*Choose one from bottom) _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #2 _____</p> <p>Internet (address) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

3/31/95 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g. IL1000000000)

PRP Name

Turner Sanitation Service

Address

215 Austin Ave
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

March 31, 1995PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson

Draft 10/25/00

I RP Contacts

Site Name _____
EPA ID (e.g., ILD000000000) _____
PRP Name _____

Contact Name _____	
Address _____	
Phone #1 _____	Phone #2 _____
Fax # _____	Internet (address) _____
Role (*Choose one from bottom) _____	
Comments _____	

Contact Name _____	
Address _____	
Phone #1 _____	Phone #2 _____
Fax # _____	Internet (address) _____
Role (*Choose one from bottom) _____	
Comments _____	

Contact Name _____	
Address _____	
Phone #1 _____	Phone #2 _____
Fax # _____	Internet (address) _____
Role (*Choose one from bottom) _____	
Comments _____	

***Available Roles:**

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Executor • Mortgage Holder • PRP Attorney • PRP Contact | <ul style="list-style-type: none"> • PRP Contractor • PRP Parent Company • PRP Subsidiary • PRP Successor | <ul style="list-style-type: none"> • PRP Trustee • Technical Workgroup Contact Person |
|--|---|---|

Enforcement Specialist/Date _____

Draft 9/29/00

4/8/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name Allison Sheridan
 EPA ID ALD000000000
 PRP Name Harvard Industries
 Address P.O. Box 275
Angola, IN 46703

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input checked="" type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) April 8, 1996

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Lg)

Draft 10/25/00

1 RP Contacts

Site Name

EPA ID (e.g. ILD0000000000)

PRP Name

[illegible]

- *Available Roles:**

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|-------------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/8/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Seiler Tank Truck Serv. Inc.

Address

1301 E. Michigan Ave
Albion, MI 49024

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) April 8, 1996PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Ly)

Draft 10/25/00

1 RP Contacts

Site Name _____
 EPA ID (e.g. ILD000000000) _____
 PRP Name _____

Contact Name	Robert Seiler		
Address	1301 E Michigan Ave. Auburn, MI 49624		
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)	PRP Contact		
Comments			
Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			
Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

4/8/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion-Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Albion Sanitary Sewer

Address

14615 24 mile Rd.
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

April 8, 1996

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|---|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Sg)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name

Albion Sanitary Serv. Inc

Contact Name

Address

Richard Sheffield
4610 24 mile Rd.
Albion, MI 49224

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

Contact Name

Address

Phone #1

Fax #

Role (*Choose one from bottom)

Comments

Phone #2

Internet (address)

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/8/96 E-6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Plassman + Company

Address

1313 E. Michigan Ave
Albion MI 49024

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

April 8, 1996

PRP Part of Group? ☐ If yes, name group

0

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Sg)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name	_____		
Address	_____ _____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____ _____ _____ _____		

Contact Name	_____		
Address	_____ _____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____ _____ _____ _____		

Contact Name	_____		
Address	_____ _____ _____ _____ _____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____ _____ _____ _____ _____ _____ _____ _____		

***Available Roles:**

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

4/19/95 E.C.

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Blake's Refuse Service

Address

207 S. Albion
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

April 19, 1995PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (Sgt)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Blake's refuse Service

Contact Name _____

Address _____

Moore + Marsh
202 S. Marshall St.
P.O. Box 570
Allen, MI 49224

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Attorney

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executor | <input type="checkbox"/> PRP Contractor | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> PRP Parent Company | <input type="checkbox"/> Technical Workgroup Contact Person |
| <input type="checkbox"/> PRP Attorney | <input type="checkbox"/> PRP Subsidiary | |
| <input type="checkbox"/> PRP Contact | <input type="checkbox"/> PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

6/26/95 E.v.b

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Eagle Picher

Address

P.O. Box 779
Cincinnati, OH 45201

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) June 26, 1995

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard-Johnson (LJ)

Draft 10/25/00

1 RP Contacts

Site Name

EPA ID (e.g. ILD000000000)

PRP Name

[illegible]

- | *Available Roles: | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

7/3/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Biliske Olds Sales Inc.

Address

1007 S. Superior St.
Albion, MI 49224-0047

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

July 3, 1996

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (24)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Bilicke Oldsmobile Sales, Inc

Contact Name Address	<i>Philip Baldwin Esq</i> <i>1007 S. Superior St.</i> <i>Albion, MI 49224-0067</i>		
Phone #1			Phone #2
Fax #			Internet (address)
Role (*Choose one from bottom)	<i>PRP Contact</i>		
Comments			

Contact Name Address			
Phone #1			Phone #2
Fax #			Internet (address)
Role (*Choose one from bottom)			
Comments			

Contact Name Address			
Phone #1			Phone #2
Fax #			Internet (address)
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executor | <input type="checkbox"/> PRP Contractor | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> PRP Parent Company | <input type="checkbox"/> Technical Workgroup Contact Person |
| <input type="checkbox"/> PRP Attorney | <input type="checkbox"/> PRP Subsidiary | |
| <input type="checkbox"/> PRP Contact | <input type="checkbox"/> PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

7/3/96 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Inahm Chevrolet Buick Pontiac Co.

Address

3336mer st P.O. Box 67
Albion, MI 49224-0067

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) July 3, 1996PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Syl)

Draft 10/25/00

1 RP Contacts

Site Name

EPA ID (e.g. ILD0000000000)

PRP Name

Contact Name	Robert W. Frickm		
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)	President		
Comments			
Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			
Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- Executor
- PRP Contractor
- PRP Trustee

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|-------------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

2/14/97 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Docker Manufacturing

Address

703 N. Clark
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

Feb 14, 1997

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (24)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Decker Manufacturing

Contact Name _____

Address _____

Bullen, Moilanen, Klassen + Swan, P.C.
402 S. Brown St.
Jackson, MI 49203-1485

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Attorney

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

Contact Name _____

Address _____

Phone #1 _____

Fax # _____

Role (*Choose one from bottom) _____

Comments _____

Phone #2 _____

Internet (address) _____

*Available Roles:

- Executor
- Mortgage Holder
- PRP Attorney
- PRP Contact
- PRP Contractor
- PRP Parent Company
- PRP Subsidiary
- PRP Successor
- PRP Trustee
- Technical Workgroup Contact Person

Enforcement Specialist/Date _____

Draft 9/29/00

12/16/97 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Cooper Industrial Inc.

Address

P.O. Box 4446
Houston, TX 77210

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) Dec 14, 1997PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input checked="" type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Lg)

Draft 10/25/00

PRP Contacts

Site Name**EPA ID** (e.g. ILD000000000)

PRP Name

Cooper Industries Inc

Contact Name Address		Bullen, Mailanen, Klaasen 1102 S. Brown St. Jackson, MI 49203-1485	
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)		Attorney	
Comments			
Contact Name Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			
Contact Name Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			
*Available Roles:			
<input type="checkbox"/> Executor <input type="checkbox"/> PRP Contractor <input type="checkbox"/> PRP Trustee			

- | • Executor | • PRP Contractor | • PRP Trustee |
|-------------------|-------------------------|--------------------------------------|
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

7/2/98 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

Sheridan Township

Address

13355-29 mile Rd
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed)

July 2, 1998

PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (TJ)

Draft 10/25/00

I RP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name Address Phone #1 Fax # Role (*Choose one from bottom) Comments	<div style="font-family: cursive; font-size: 1.2em;">Mr. Kenneth E. Lauer</div> <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> _____ Internet (address) _____ </div> <div style="font-family: cursive; font-size: 1.2em;">Supervisor</div>
Contact Name Address Phone #1 Fax # Role (*Choose one from bottom) Comments	 <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> _____ Internet (address) _____ </div>
Contact Name Address Phone #1 Fax # Role (*Choose one from bottom) Comments	 <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> _____ Internet (address) _____ </div>

***Available Roles:**

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

8/24/98 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion Sheridan

EPA ID (e.g., ELD000000000)

PRP Name

Robert Glassford

Address

376 Thornapple Lake Rd.
Nashville, TN 49073

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed)

Aug. 24, 1998

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (dy)

Draft 10/25/00

I RP Contacts

Site Name _____

EPA ID (e.g. IL.D000000000) _____

PRP Name _____

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

Contact Name			
Address			
Phone #1		Phone #2	
Fax #		Internet (address)	
Role (*Choose one from bottom)			
Comments			

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

9/15/98 E.6

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Allison Sheridan

EPA ID (e.g. MDE000000000)

PRP Name

Springport Township

Address

101 E. Main St.
Springport, MI 49284

Associated Action (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) _____ | |

Action's Official Date (Date letter sent/date order signed) Sept. 15, 1998PRP Part of Group? ☐ If yes, name group _____

Party Type (Check all that apply.)

- | | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> County/Parish Agency | <input type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Lg)

Draft 10/25/00

1 RP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name	Jannum Riddering, Schmidt + Howlett		
Address	P.O. Box 352 Grand Rapids, MI 49501-0352		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	Attorney		
Comments	_____		

Contact Name	_____		
Address	_____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____		

Contact Name	_____		
Address	_____		
Phone #1	_____	Phone #2	_____
Fax #	_____	Internet (address)	_____
Role (*Choose one from bottom)	_____		
Comments	_____		

*Available Roles:

- | | | |
|-------------------|----------------------|--------------------------------------|
| • Executor | • PRP Contractor | • PRP Trustee |
| • Mortgage Holder | • PRP Parent Company | • Technical Workgroup Contact Person |
| • PRP Attorney | • PRP Subsidiary | |
| • PRP Contact | • PRP Successor | |

Enforcement Specialist/Date _____

Draft 9/29/00

National Essential PRP Data Elements (NEDE) Checklist

Site Name

Albion - Sheridan

EPA ID (e.g. ILD000000000)

PRP Name

City of Albion

Address

1120 W. Cass St
Albion, MI 49224

Associated Action (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Order on Consent | <input type="checkbox"/> Special Notice Letter | <input type="checkbox"/> Demand Letter |
| <input type="checkbox"/> Consent Decree | <input type="checkbox"/> 104E Letter | |
| <input type="checkbox"/> Unilateral Administrative Order | <input checked="" type="checkbox"/> General Notice Letter | |
| <input type="checkbox"/> Judgements | <input type="checkbox"/> Negotiations (specify type) | |

Action's Official Date (Date letter sent/date order signed) Jan 24, 2000

PRP Part of Group? ☐ If yes, name group

Party Type (Check all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> County/Parish Agency | <input checked="" type="checkbox"/> Municipality | <input type="checkbox"/> School |
| <input type="checkbox"/> Federal Agency | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Company | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Utility | |

Involvement Type (Check all that apply. Note: At least one must be checked in order to save the record.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Operator | <input checked="" type="checkbox"/> Generator |
| <input type="checkbox"/> 104E | <input type="checkbox"/> Other (must select at least one Other Involvement Type below) |

Other Involvement Type (Check all that apply. Only valid if Other box is checked above.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Contractor - developer | <input type="checkbox"/> Prospective Purchaser |
| <input type="checkbox"/> Attorney - federal government | <input type="checkbox"/> Contractor - property owner | <input type="checkbox"/> PRP Parent Company |
| <input type="checkbox"/> Attorney - municipal government | <input type="checkbox"/> Developer | <input type="checkbox"/> PRP Subsidiary |
| <input type="checkbox"/> Attorney - private party | <input type="checkbox"/> Lender | <input type="checkbox"/> PRP Successor |
| <input type="checkbox"/> Attorney - state government | <input type="checkbox"/> Local Government Official | <input type="checkbox"/> PRP Trustee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Mortgage Holder | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> City Council Person | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Comfort Letter Recipient | <input type="checkbox"/> Property Owner | |

Financial Viability (Check any that apply. Note: May not be applicable in all instances.)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Limited Ability to Pay | <input type="checkbox"/> Non-Viable Confirmed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Non-Locatable | <input checked="" type="checkbox"/> Viable |
| <input type="checkbox"/> Defunct | <input type="checkbox"/> Non-Viable Claimed | <input type="checkbox"/> Viable Small Business |

Basis of Liability (Check any that apply. Note: May not be applicable in all instances.)

- | | |
|--|---|
| <input type="checkbox"/> < 1% Contributor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Owner | <input type="checkbox"/> Former Owner |
| <input type="checkbox"/> De micromis party | <input type="checkbox"/> Innocent Landowner |
| <input type="checkbox"/> De minimis party | <input type="checkbox"/> Unknown |

Enforcement Specialist/Date

Sheppard Johnson (Lg)

Draft 10/25/00

PRP Contacts

Site Name _____

EPA ID (e.g. ILD000000000) _____

PRP Name _____

Contact Name

Address

Michael S. Herman
112 W. Cress St.
Allston, MA 02134

Phone #1 _____

Fax # _____

Role (*Choose one from bottom)

Comments

Phone #2 _____

Internet (address) _____

City Manager - Contact

Contact Name

Address

Phone #1 _____

Fax # _____

Role (*Choose one from bottom)

Comments

Phone #2 _____

Internet (address) _____

Contact Name

Address

Phone #1 _____

Fax # _____

Role (*Choose one from bottom)

Comments

Phone #2 _____

Internet (address) _____

*Available Roles:

- Executor
- PRP Contractor
- PRP Trustee
- Mortgage Holder
- PRP Parent Company
- Technical Workgroup Contact Person
- PRP Attorney
- PRP Subsidiary
- PRP Contact
- PRP Successor

Enforcement Specialist/Date _____

Draft 9/29/00